

## Adult Day Health Care Services (age 18 and over)

**Definition:** Services furnished 5 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Authorization of services will be based on the participant's need for the service as identified and documented in his/her Support Plan. Meals provided as part of this service shall not constitute a full nutritional regime (3 meals per day). Physical, occupational and speech therapies indicated in the participant's Support Plan are not furnished as component parts of this service.

The unit of service is one "participant day," which is a minimum of 5 hours of a day, exclusive of transportation. The unit of service will be a minimum of 4 hours when the participant has a scheduled medical appointment requiring him or her to leave early or arrive late.

Please see Scope of Services for Adult Day Health Care Services  
(<https://www.scdhhs.gov/internet/pdf/ADHC.pdf>).

**Providers:** Centers/agencies that are contracted with SCDHHS to provide Adult Day Health Care Services under the ID/RD Waiver. These centers/agencies are listed on the Adult Day Health Provider Listing on DDSN's website.

**Arranging for and Authorizing Services:** Adult Day Health Care services are only appropriate for those ID/RD Waiver participants who are at least 18 years of age.

Once it is determined that Adult Day Health Care services are needed, the Waiver Case Manager must document the need for the services in the participant's Support Plan and offer the participant or his/her family choice of providers. The Waiver Case Manager must document this offering of choice.

Once the amount and frequency has been determined and the family has selected a provider, the chosen provider should be contacted to determine space/service availability. The Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division. Once approved, the Waiver Case Manager may authorize the service. Services must be authorized using the Authorization for Adult Day Health Care Services (ID/RD Form A-23).

The Authorization for Adult Day Health Care Services (ID/RD Form A-23) will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care center/agency or until services are terminated.

Prior to starting the service, the Adult Day Health Care center/agency must obtain the Community Long Term Care Adult Day Health Care Form (DHHS Form 122 DC) from the physician.

- **Monitoring Services:** The Waiver Case Manager must monitor the service for effectiveness, usefulness and participant satisfaction. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made. Monitoring must be conducted on-site at least once annually (i.e. within 365 days of the previous on-site monitoring).

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some questions to consider during monitoring include:

- ❖ Is the participant satisfied with the Adult Day Health Care Center?
- ❖ Is the ADHC Center clean (sanitary)?
- ❖ Is the ADHC Center in good repair?
- ❖ How often does the participant attend?
- ❖ Are there any health/safety issues?
- ❖ How often does the ADHC Center staff have contact with family?
- ❖ Are there any behavior problems?
- ❖ What types of recreational activities does the person participate in?
- ❖ What types of recreational activities does the ADHC Center offer?
- ❖ Does the participant feel comfortable interacting with staff?
- ❖ What are the opportunities for choice given to the participant?
- ❖ What type of care is the participant receiving?

**Reduction, Suspension or Termination of Services:** If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.